

## Bluebird Care Aberdeen and Aberdeenshire Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
17 November 2025

**Service provided by:**  
S.A Chopra Limited

**Service provider number:**  
SP2023000365

**Service no:**  
CS2023000435

## About the service

Bluebird Care Aberdeen and Aberdeenshire provides care at home to people living in their own homes across Aberdeen and Aberdeenshire.

19 people were using the service at the time of the inspection.

## About the inspection

This was an unannounced follow up inspection which took place on 12, 13 and 14 November. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included, previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with three people using the service and two of their family
- received feedback through e-mail from one person using the service and five of their family
- spoke with six staff and management
- received feedback through e-mail from 13 staff
- received feedback through e-mail from two professionals
- observed practice and daily life
- reviewed documents.

## Key messages

People experienced compassionate care, because staff almost always engaged warmly during care visits.

People were protected from infection risks, because safer infection, prevention and control measures were in place.

Staff were better trained, meaning people experienced safer and more skilled care.

Systems to support staff competency and reflective learning were not used consistently, which meant people might not always experience reliable care.

Systems for recording and monitoring medication were not always timely, meaning people's health could be put at risk.

Quality assurance systems were not always driving improvements for people.

People's personal plans were not consistently detailed or outcome-focused, meaning people may not always receive personalised care.

## How well do we support people's wellbeing?

Three requirements under this key question remained outstanding from our previous inspection. Since then, the provider had implemented action plans to support the necessary improvements.

We followed up on the requirement for the provider to ensure people were treated with dignity and respect. Progress was made, and the requirement was met. Staff almost always introduced themselves and engaged warmly during visits. Families described carers as, "lovely" and "attentive". These improvements meant people were more likely to feel comfortable in their homes. However, there were very occasional lapses. For example, one person told us a recent carer had not said goodbye, which made them feel overlooked. We discussed this with the management team, who committed to further improvement. The provider should continue to monitor practice and strengthen understanding through team meetings and supervision to reinforce standards. These actions should support staff to consistently deliver respectful, person-centred care. (See 'How good is our staff team?' and 'What the service has done to meet any requirements made at or since the last inspection')

We followed up on the requirement for the provider to ensure staff followed safe Infection Prevention and Control (IPC) practice. Progress was made and the requirement was met. People experienced safer care because staff used Personal Protective Equipment (PPE) correctly and followed cleaning routines. All staff had completed IPC training, and spot checks of practice confirmed compliance. This reduced the risk of infection and supported a safe environment for people. (See 'What the service has done to meet any requirements made at or since the last inspection')

We followed up on the requirement for the provider to ensure people received medication as prescribed. Progress was made and the requirement was met. The service had introduced a medication tracker and regular audits, and staff demonstrated safe practice during visits. This reduced the risk of harm and supported wellbeing. However, monitoring was sometimes reactive and gaps occurred when the electronic system was not working. Without stronger checks errors could go undetected, putting people's wellbeing at risk. We discussed this with the management team, who acknowledged the issue and committed to further improvement. As a result, we identified a new area for improvement to support continued progress. (See 'Area for Improvement 1' and 'What the service has done to meet any requirements made at or since the last inspection')

## Areas for improvement

1. To ensure people consistently receive medication safely and as prescribed, the provider should strengthen monitoring systems for medication records. This should include but not be limited to, proactive audits and robust contingency arrangements when the electronic recording system is unavailable.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

## How good is our staff team?

One requirement and one area for improvement under this key question remained outstanding from our previous inspection. Since then, the provider had implemented action plans to support the necessary improvements.

We followed up on the requirement for the provider to ensure staff were well trained, competent and skilled. Progress was made and the requirement was met. People were supported by staff who were better trained and more confident in their roles. Mandatory training was completed, induction processes had strengthened, and supervision and competency checks were in place. This meant people were more likely to receive safe, skilled care. However, although improvements were made, competency checks sometimes lacked depth and reflective practice was not yet fully embedded. In addition, team meetings were not taking place, reducing opportunities for shared learning, for example, around maintaining dignity and respect during care interactions. These gaps could lead to inconsistent approaches in the future, which may affect the reliability of care. We discussed this with the management team, who acknowledged these issues and committed to further improvement. As a result, we identified a new area for improvement to support continued progress. (See 'Area for Improvement 1' and 'What the service has done to meet any requirements made at or since the last inspection')

Recruitment processes had strengthened in line with safer recruitment guidance. Key checks were in place and were supported by a checklist and audit tool. Induction was more robust, with mandatory training completed before staff worked independently. These improvements meant people were more likely to receive care from staff who were safely recruited and prepared for their roles. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection')

### Areas for improvement

1. To make sure people experience reliable, skilled care, the provider should strengthen systems for assuring staff competency and embedding reflective learning. This should include but not be limited to, ensuring competency checks are detailed and consistent, and using supervision, team discussions and meetings to promote reflective learning across the workforce.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 10 November 2025, the provider must ensure all service users experience dignity and respect in all aspects of their care and support. To do this the provider must, at a minimum ensure that:

- a) Staff have a clear understanding of dignity and respect.
- b) Staff have a clear understanding of their roles and responsibilities.
- c) People's human rights are respected and promoted at all times.
- d) Implement a system that provides assurance people are respected; and ensures that action is taken where required to make improvements.

This is to comply with Regulation 4(1)(a) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1); and

'If I experience care and support where I live, people respect this as my home' (HSCS 3.2).

**This requirement was made on 18 August 2025.**

## Action taken on previous requirement

People were almost always treated with dignity and respect. Staff greeted people warmly and checked their comfort during visits. Training on dignity and respect, combined with supervision and spot checks, helped managers monitor practice and reinforce expectations. As a result, people felt valued and respected in their own homes. Very occasional lapses remained, such as a carer failing to greet someone, which could make people feel unnoticed. The provider agreed to strengthen monitoring and use team meetings and supervision to reinforce standards. This will help maintain progress and ensure people consistently experience respectful, person-centred care. (See 'How good is our staff team?' and 'Area for improvement 1')

**Met - within timescales**

## Requirement 2

By 10 November 2025, the provider must protect all service users from harm by making the following improvements to the infection prevention and control practice:

- a) Ensure all staff undertake training in infection prevention and control specifically in relation to appropriate use of Personal Protective Equipment (PPE).
- b) Implement a system that offers assurance that infection prevention and control practice is safe; and ensures that action is taken where required to make improvements.

This is to comply with Regulation 4(1)(d) (infection prevention and control) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

**This requirement was made on 18 August 2025.**

## Action taken on previous requirement

Stronger Infection Prevention and Control (IPC) practices were embedded across the service. All staff had completed training in IPC and Personal Protective Equipment (PPE). During visits, carers wore gloves, cleaned equipment with appropriate wipes, and disposed of PPE correctly. Managers carried out observational checks, confirming compliance and providing reminders when needed. Policies were accessible and PPE competency checks were part of routine monitoring. These measures reduced the risk of infection and protected people's health.

**Met - within timescales**

## Requirement 3

By 28 February 2025, the provider must ensure people receive their medication in the way it has been prescribed. In order to achieve this, the provider must as a minimum:

- a) Where the service is responsible for the collection of medication that this is undertaken timeously to ensure there are adequate stocks of medication for people. Any difficulties with stock or supply of medication should be discussed with the prescriber timeously.
- b) Ensure there are records kept of when people are prompted with their medications which are detailed Inspection report with the outcome of this.
- c) Ensure Medication Administration Records (MAR) are accurate and up to date.

This is to comply with Regulation 4(1)(a) & (d) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This requirement was made on 16 December 2024.**

#### Action taken on previous requirement

Medication management had improved. The service had introduced a medication tracker and audits, which supported better oversight. Staff prompted medication appropriately and explained what they were doing, demonstrating a clear understanding of procedures. Families confirmed that medication support had improved. The provider no longer collected medication for anyone, which removed previous risks linked to delays in obtaining prescriptions. Records of medication prompts were maintained, and Medication Administration Records (MAR) were generally accurate and up to date. These changes meant people were more likely to receive medication safely and as prescribed, reducing the risk of harm. However, monitoring was sometimes reactive, and gaps occurred when the electronic system was unavailable. Without stronger checks and contingency arrangements, errors could go unnoticed, putting people's wellbeing at risk. To maintain safe practice, we identified a new area for improvement. (See 'How well do we support people's wellbeing?' and 'Area for Improvement 1')

#### Met - within timescales

#### Requirement 4

By 10 November 2025, the provider must ensure people are supported by staff who are well trained, competent and skilled, and who are enabled to reflect on their practice in order to develop. To do this, the provider must, at a minimum:

- a) Ensure all staff receive appropriate training to meet the needs of people specifically but not limited to, medication, infection prevention and control (IPC), continence and dementia.
- b) Ensure all staff have access to the organisation's policies and procedures.
- c) Ensure all staff are part of the supervision and mentoring program that supports, develops and values staff.
- d) Carry out regular observations of staff competency.

This is to comply with Regulation 15 (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes' (HSCS 3.14).

**This requirement was made on 18 August 2025.**

## Action taken on previous requirement

Staff were better trained and more confident in their roles. All staff had completed mandatory training in medication, infection prevention and control (IPC), dementia, and Adult Support and Protection (ASP). Induction for new staff had improved, including mandatory training and shadowing before working independently. Families told us they felt more assured about staff skills, with one relative saying, "Things are better now because staff are trained." Despite these improvements, competency checks could be more detailed, and reflective practice was still developing. In addition, the lack of regular team meetings reduced opportunities for staff to share learning and discuss everyday scenarios such as, maintaining dignity and respect during care interactions. Without stronger systems for competency assurance and reflective learning, there is a risk that progress will not be sustained. To support continued improvement, we identified a new area for improvement. (See 'How good is our staff team?' and 'Area for improvement 1')

## Met - within timescales

### Requirement 5

By 10 November 2025, the provider must improve and support better outcomes for people. To do this the provider must ensure the quality assurance system links directly to and improves the outcomes and experiences for people.

To do this the provider must, at a minimum ensure that:

- a) Develop and implement a service improvement plan.
- b) Implement oversight of staff practice, including shadow visits of staff, and ensure that action is taken where required to make improvements.
- c) Obtain feedback from people and families regarding people's experience of the care and support provided.
- d) Undertake medication and care planning audits that inform improvements in outcomes for people.
- e) Ensure prompt action is taken to address indications of poor care provision.
- f) Develop a whole team approach to making improvements.
- g) Share learning outcomes with all staff and ensure improvements are sustained.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).



This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This requirement was made on 18 August 2025.**

#### Action taken on previous requirement

Quality assurance processes were not always driving improvements. The provider introduced a Service Improvement Plan (SIP) with actions linked to previous requirements, including infection control and staff training. While this was positive, the (SIP) was mainly used as a compliance checklist rather than a tool for ongoing development. Making the (SIP) more dynamic would help the provider sustain progress. Medication audits were carried out but not always promptly. For example, a gap in medication records was only identified during our inspection, which could mean people might not receive their medication as intended. Spot checks of staff took place, which was good practice, but records sometimes lacked detail. Some family feedback was gathered, but there was no clear evidence of follow-up to encourage engagement, meaning people's views were not fully influencing improvements. Team meetings with staff were not happening, limiting opportunities for shared learning. Without these discussions, staff had fewer chances to learn from each other, which could affect consistency and outcomes for people. Overall, while some progress was made, the provider needs more time to embed quality assurance systems.

This requirement had not been met. We have agreed to extend the timescale for completion until 9 February 2026.

**Not met**

#### Requirement 6

By 10 November 2025, the provider must ensure the service has a culture of continuous improvement with a robust and transparent quality assurance process. In order to achieve this the provider must:

- a) develop trusting and transparent relationships with people and families.
- b) demonstrate that staff understand how to recognise and respond to complaints and concerns.
- c) ensure expressions of dissatisfaction raised by residents and/or their representatives are handled effectively and in accordance with their organisation's policy and procedure.

This is to comply with Regulations 18 (3) (Complaints) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This requirement was made on 18 August 2025.**

## Action taken on previous requirement

Systems were in place for tracking complaints. The provider had introduced a complaints log and incidents tracker. Staff confirmed they had access to the complaints policy and could describe the process. Furthermore, people using the service knew how to make complaints. This meant people felt more informed and reassured that they could speak up if something went wrong. However, staff could not describe any recent team discussions or changes made as a result of complaints. Learning was not shared, and structured improvement discussions were absent. This meant people's concerns were less likely to lead to improvements in care. Family feedback indicated some progress in rebuilding trust but confidence remained fragile. As a result, some people felt unsure that issues would be resolved quickly. A culture of continuous improvement was not embedded, meaning issues may recur and people could lose confidence in the service.

This requirement had not been met, and we have agreed an extension until 9 February 2026.

## Not met

### Requirement 7

By 10 November 2025, the provider must ensure positive outcomes for service users by effectively demonstrating that individual care/support plans are sufficiently detailed and provide staff with effective guidance on how to support service users.

To do this the provider must:

- a) Ensure people and those important to them are fully involved in planning and reviewing their support plans.
- b) Ensure that documentation and records are accurate, sufficiently detailed, and organised and reflective of the care/support planned or provided.
- c) Ensure that all risk assessments are accurate and updated regularly.
- d) Ensure that personal plans include people's individual aspirations and outline the support that will be provided to help them to achieve this.
- e) Be able to show evidence of regular monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities, and can demonstrate this through their practice.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15); and

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

**This requirement was made on 18 August 2025.**

#### Action taken on previous requirement

Care plans and risk assessments had been updated. For example, one plan detailed risk control measures, whilst another reflected skin care needs. Daily notes were generally completed and some were person-centred. This meant people were more likely to receive care that matched their essential needs. However, care plans were not consistently detailed or outcome-focused, which meant care may not always be delivered as intended. Note quality was variable, with some entries brief and lacking detail, which could affect continuity of care. Families confirmed involvement in some reviews, and we saw evidence of review minutes being shared. However, some people were unsure if they had attended review meetings, and aspirations were not always documented. This meant personal goals and choices were not always consistently reflected in plans. Overall, while some improvements were made, the provider must strengthen monitoring and make sure care plans are consistently detailed, outcome-focused, and reliably implemented.

This requirement had not been met, and we have agreed an extension until 9 February 2026.

#### Not met

### Requirement 8

By 10 November 2025, the provider must demonstrate that proper provision for the safety and welfare of service users is made. In order to achieve this, the provider must:

- a) Provide training so that all staff are aware of their responsibilities in protecting vulnerable people from harm, in line with the local policy for Adult Protection.
- b) Ensure that all staff are sufficiently skilled to recognise when a service user has experienced, or is at risk of experiencing, harm and respond appropriately.
- c) In the event of an allegation of staff misconduct, managers must respond promptly and ensure that adequate safeguarding measures are in place.
- d) Ensure that staff follow policy and best practice with record-keeping and documentation.
- e) Ensure that appropriate organisations are notified in a timely manner, including the Care Inspectorate and Adult Support and Protection.
- f) Ensure that risk assessments and care plans are reviewed, with the aim of reducing risk to the lowest possible level.

To be completed by: 10 November 2025

This is in order to comply with: Health and Social Care Standard 4.23: 'I use a service and organisation that are well led and managed'.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**This requirement was made on 18 August 2025.**

## Action taken on previous requirement

This requirement was made following a complaint. Please see the service's page on our website for details of this complaint (<https://www.careinspectorate.com/>).

Staff had completed Adult Support and Protection (ASP) training and demonstrated a clear understanding of risks to people. Notifications were made to relevant bodies when required, including the Care Inspectorate. This meant people were more likely to be protected from harm and could feel safer and more confident in the service. There were no instances of allegations of misconduct since the last inspection. A procedure was in place, and the manager was able to describe the process they would follow, which provided assurance that appropriate steps would be taken in the future. Documentation quality remained inconsistent, and quality assurance systems were not yet fully embedded. This meant care may not always be monitored effectively, and people might not consistently receive reliable support. Parts of this requirement were not met and will be addressed under the requirements for quality assurance and care planning at future inspections.

**Not met**

## What the service has done to meet any areas for improvement we made at or since the last inspection

## Areas for improvement

### Previous area for improvement 1

To ensure staff have the appropriate personal qualities and values, the provider must ensure all staff have been well recruited.

To do this the provider must:

- a) ensure all staff have been recruited safely in line with good practice guidance - Safer Recruitment Through Better Recruitment, this must include a reference from their last employer.
- b) Ensure new staff undertake a comprehensive induction program that supports the needs and outcomes of people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I have confidence in people because they are trained, competent and skills, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14); and

'I am supported and cared for by people I know so I experience consistency and continuity' (HSCS 4.16).

**This area for improvement was made on 18 August 2025.**

### Action taken since then

Recruitment processes had improved and were aligned with safer recruitment guidance. Staff files contained references from previous employers, PVG checks (Protection of Vulnerable Groups), and right-to-work documentation. A recruitment checklist and audit tool were introduced to support compliance. Induction was strengthened, requiring new staff to complete mandatory training before working independently. These changes meant people were more likely to receive care from staff who were safely recruited, well-prepared, and supported to deliver person-centred care. This helped build trust and confidence in the service and reduced the risk of harm. (See 'What the service has done to meet any requirements made at or since the last inspection')

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

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